Putting Human Rights at the Heart of Hydration and Nutrition

BCUHB Nutrition and Hydration
Human Rights Project Group

A Toolkit for Ward Sisters and Charge Nurses
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1. Introduction

The purpose of this toolkit is to assist Ward Sisters and Charge Nurses to develop and use human rights based approaches to the planning and delivery of care. It has been produced by drawing on the experiences of service users, staff, stakeholders and organisations with expertise in both human rights and health. It is championed at Board level by the Director of Nursing, Midwifery and Patient Services who is the strategic lead for Nutrition and Patient Services. It is built upon the work of the Nutritional Assessment and Pathways Transformational Groups at Betsi Cadwaladr University Health Board and has been developed by a steering group in collaboration with stakeholders, service users and staff.

High quality nutrition and hydration are fundamental aspects of care and are basic prerequisites for the effective management of patients’ basic needs. Adequate hydration and a balanced diet, appropriate to an individual’s needs are important factors that influence patient clinical outcomes and also their satisfaction with the quality of care provided and hospital stay overall. The lack of these factors can also have severe consequences for a patient’s health and well being, and are likely to constitute a violation of an individual’s human rights. Taking a human rights based approach can provide a way for everyone in an organisation to make real improvements in people’s lives.

Nationally and internationally there have been a number of initiatives and documents that set the standards for hospital catering and patient nutrition. However there do not appear to be specific guidelines which make the direct link between hydration, nutrition and human rights, particularly in relation to the obligations on service providers which follow from the Human Rights Act (2000).
Putting Human Rights at the Heart of Nutrition and Hydration

This is important as we become increasingly aware nationally of incidences where patients’ nutrition and hydration needs have been neglected, to the point where individuals have been malnourished, dehydrated and in extreme pain and suffering.

This toolkit attempts to provide a comprehensive account of measures needed to ensure that every patient’s hydration and nutritional needs are met. It is driven by the patient’s need for basic human dignity in the care environment, a right to which everyone is entitled, under national and international human rights legislation. This human rights based approach seeks to ensure that patients and staff are treated as individuals and that their dignity and rights are placed at the heart of all decisions and services. Such an approach will be of practical value to our organisation and those individuals within, providing better services for patients and their families.

‘Putting Human Rights at the Heart of Hydration and Nutrition’ aims to enable Ward Sisters and Charge Nurses, using their professional judgement, to build human rights into policy and practice, particularly as these relate to nutrition and hydration in the ward environment. Whilst the focus of the toolkit is on nutrition and hydration, a human rights based approach must take into account all aspects of care, and will have an effect on how they are delivered.

The toolkit is based on ward routine and sets out expected behaviour for the team in delivering excellence in nutrition and hydration. The principles laid out in page 3 are also relevant to other aspects of care.
2. Defining Principles

- We will have a conscious approach to human rights principles and values (fairness, respect, equality, dignity and autonomy)
- We will place the patient as an individual at the centre of this work
- We will involve patients and staff in this development
- We will identify, monitor and protect the rights of the most vulnerable
- We will inform and empower patients and staff about human rights
- We will embed this approach into day to day activity
- We will be innovative
- We will use service improvement methodology
- We will communicate the benefits of a human rights based approach
3. Human Rights in Healthcare

Human rights represent all the things that are essential to us as human beings, such as being able to choose how to live our life and being treated with dignity and respect.

Many of the rights in the Human Rights Act (2000) are relevant to healthcare, among them, the right to life, prohibition of torture and inhuman and degrading treatment, the right to liberty, to a fair trial and respect for private and family life.

Our human rights based approach to hydration and nutrition places human rights at the centre of our policies and practice and the patient at the centre of his or her own care.

Health organisations as a public body have a legal requirement to act in accordance with the Human Rights Act (2000) and their core values should be at the heart of everything we do.

Human rights are based on a number of core values, including:

- Fairness
- Respect
- Autonomy
- Dignity
- Equality

Human rights belong to everyone. They are the basic rights we all have simply because we are human, regardless of who we are, where we live or what we do.
Why are human rights important in healthcare?

Almost everyone will come into contact with the NHS at some point in their lives, usually when they are at their most vulnerable. Human rights values are in many ways the very same values that lie at the heart of good healthcare.

This means that putting human rights at the heart of the way healthcare services are designed and delivered can make for better services for everyone, with patient and staff experiences reflecting the core values of fairness, respect, equality, dignity and autonomy.

(Department of Health, 2008).

What are the reasons for adopting a human rights based approach?

- It reminds us patients are human beings and that their good health - in the widest sense - is what those working in healthcare are striving to achieve.
- It helps improve experience and outcomes for patients, service users and staff by approaching services and decisions in a person centred way.
- It provides a fair and useful framework for the difficult questions members of staff may have to take when balancing different needs or priorities.
- It supports the delivery of wider NHS priorities.
- It improves compliance with the Human Rights Act and other legislation and reduces complaints/litigation.
- It ensures that the patient’s needs are identified early on, often reducing the need for acute care at a later date. This can assist with productivity targets.
Putting human rights at the heart of policy, planning and practice

Ensuring accountability

Empowerment

Participation and involvement

Non-discrimination and ensuring the rights of vulnerable groups are protected

The ‘Heart’ that solves the ‘missing piece’
4. Roles and Responsibilities

4.1 Wards and Departments

The provision of food and fluid to hospital patients demands effective multidisciplinary teamworking throughout the whole of the food chain

- Ward Sister/Charge Nurse
- Doctors
- Matron
- Registered Nurses
- Specialist Nurse
- Health Care Support Worker

Ward Sister/Charge Nurse

Accountable for the day to day management of the patients’ nutritional and hydration requirements and high standards of care. This is done through ensuring all patients receive Nutritional Risk Screening (identification of the dietary needs of patients) that patients receive appropriate, well presented food and assistance to eat where required. Implementing and managing protective mealtimes and referring to specialists as required.

Doctors

Make an assessment of the patient’s nutritional and hydration state, including an evaluation of their diet; general physical condition; and measurement of height, weight and body mass index. Recognises the impact of nutritional and hydration issues on the clinical outcome of disease process and directs care management plan. Leads the multidisciplinary specialist nutrition support team, bringing together the collective expertise for the provision of coherent nutritional support.

Matron

Lead by example by providing an authoritative and visible presence in ward areas, setting and monitoring the highest standards of care and ensuring that patients nutritional needs are met. Ensuring that patients and their families are treated with dignity and respect and that the ward staff have the required resources including staffing and equipment to deliver quality care.

Registered Nurses

Play a key role in providing patient centred nutritional care, working closely with the wider multidisciplinary team, to ensure the nutritional needs of individual patients are being met in a way that is appropriate and safe. Undertake nutritional risk screening, weight, BMI and basic swallowing assessment, ensuring patients receive appropriate food and fluids and assistance where necessary. Plan, monitor, evaluate and document nutritional and hydration care and communicating the clinical reasons for adopting alternative feeding options.

Specialist Nurse

Member of the specialist nutrition support team, providing advanced knowledge, skills and advice on all aspects of enteral and parenteral nutritional care. Leads and develops operational policy, procedure and audit, provides specialist advice, education and training for nurses, doctors, students and the multidisciplinary team.

Health Care Support Worker

Prepares the mealtime environment, ensuring patients are comfortable and have washed their hands. Assist patients with food choice, serve meals, provide assistance for patients that need help with eating and drinking, monitor and document
Putting Human Rights at the Heart of Nutrition and Hydration

food and fluid intake.

Housekeeper

Assist with food choice and serving, ensuring ward area is clean and conducive to pleasant mealtime environment for patients. Ensure snacks available to patients outside set mealtimes and work closely with catering department to ensure ward provisions meet patient need.

Dietician

Member of the nutritional support team providing nutritional advice and expertise on dietary changes identifying appropriate food choices, nutritional supplements and therapeutic diets and, where necessary, specialised forms of artificial feeding. Undertake individual patient nutrition screening, develop and implement nutritional care plan and monitor and adjust the patient’s response to the nutrition care delivered. Work closely with catering department to ensure that the meals provided are nutritious and meet the nutritional, cultural and religious needs of all patients.

Speech and Language Therapist

Work with patients who have difficulty with feeding and swallowing. Provide specialist advice to ward staff, undertaking specialist swallowing assessment and advising on textured modified diet and fluids specific to patient need. Work across the multidisciplinary framework to assess, diagnose, manage and treat patients as well as offering advice, training and education to colleagues, carers and families.

Pharmacist

Member of specialist Nutrition Support Team addresses the care of patients who receive specialized nutrition support, including parenteral and enteral nutrition, responsibility for promoting maintenance and/or restoration of optimal nutritional status, designing and modifying treatment according to the needs of the patient.

Occupational Therapist

Help patients whose independence or ability to live a normal life has been affected. Assisting patient to learn new skills or adapt existing ones to enable them to engage in all aspects of their lives. This may include advice on adapting their environments such as ensuring correct seating and positioning to support safe eating and enabling independence by helping patients to feed themselves, for example, by providing adapted eating or drinking utensils.

Dental Hygienist

Help patients having surgery or complicated orthodontic treatment, or those with particular medical conditions to maintain a healthy mouth, thereby optimising ability to meet nutrition needs.

- Housekeeper
- Dietician
- Speech and Language Therapist
- Pharmacist
- Occupational Therapist
- Dental Hygienist
<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiotherapist</td>
<td>Advises on appropriate and timely positioning, including the provision of suitable seating to enable the patient to sit comfortably and with good posture for eating and swallowing.</td>
</tr>
<tr>
<td>Catering Manager</td>
<td>Responsible for catering services including procuring, choosing and ordering food, menu planning taking into account dietetic advice and patients’ needs; managing staff restaurant, maintaining food safety and hygiene standards, controlling costs and monitoring waste, auditing patient satisfaction and training and development of staff.</td>
</tr>
<tr>
<td>Porters</td>
<td>Delivering food to ward at agreed times, removal of trolleys after mealtimes.</td>
</tr>
<tr>
<td>Procurement and Supplies Officers</td>
<td>Liaise with multidisciplinary team to ensure the procurement of food and drinks from sustainable and safe sources which meets the diverse needs of hospital inpatients, staff and visitors.</td>
</tr>
<tr>
<td>NHS Board</td>
<td>The Board ensures there are clear accountabilities and performance management arrangements for catering and patient nutrition throughout the organisation up to Board level. They obtain assurance that the delivery of catering and patient nutrition services meets national guidelines, legislation and recognised best practice.</td>
</tr>
<tr>
<td>Executive Board Member</td>
<td>A designated board level director with lead responsibility for catering service and patient nutrition within the Health Board, ensuring that there is a strategy in place to deliver hospital catering and patient nutrition, that services are of a high standard and recognise best practice and that there are established performance management arrangements to monitor and achieve service improvements.</td>
</tr>
</tbody>
</table>
5. Drivers and key components of ward routine

Safety
- Identify vulnerable patients and those at risk at the beginning of every shift.
- Establish an alert system

Environment
- Ensure appropriate environment of care including access to equipment

Meal times
- Ensure mealtimes are protected. Enable and promote appropriate involvement of carers and volunteers

Audit compliance and Measure improvement
- MUST audit and Fundamentals of Care audits
- Identify, monitor and learn from concerns

Empower patients and their families
- Ensure and enable regular communication
- Ensure patients autonomy and dignity is respected

Choice
- Enable and promote choice and ensure 24 hour access to food and drinks

Putting Human Rights at the Heart of Nutrition and Hydration
Introduction

The Human Rights Act came into force in the UK on 2 October 2000. The Act brought most of the rights contained in the European Convention on Human Rights into UK law. It also placed a duty on all public authorities - to comply with the Human Rights Act in everything that they do. Public authorities include health boards, local authorities and central government departments among other institutions.

A very few human rights are known as absolute. This means that they can never be limited or restricted in any way. Public authorities - and the Government - need to ensure that these rights are both respected and protected. There are very few absolute rights, but they include the right to life and freedom from torture, inhuman and degrading treatment.

A failure to respect these rights, whatever the reason, is unlawful under UK law. However, the level of suffering or degradation would need to be very high to class as inhuman and degrading treatment under the Human Rights Act.

The majority of rights are classed as non-absolute and can be limited or restricted in certain circumstances, particularly when they conflict with the rights of other individuals or the interests of wider society. Embedding human rights is about ensuring that minimum certain standards of care are respected for individuals. Where restrictions on rights are necessary, they should be proportionate to the end that needs to be achieved and should ensure a proper balance between the needs and rights of other patients and staff. A proportionate action is one that is reasonable and not excessive in the circumstances. The principle of proportionality is central to the human rights framework. It helps to ensure that any interference with a right is kept to a minimum.

Certain questions can be asked to help decide whether a restriction on someone's rights can be justified:

Is the restriction strictly necessary?

Is there an alternative approach to the problem that would allow full respect for the person's rights?

Is the restriction proportionate to the end that needs to be achieved?

Is there anything that we can do to minimise the restriction? A straightforward way of thinking about proportionality is 'you must not use a sledgehammer to crack a nut'. The important point is that any restriction of a person's rights must be carefully justified, strictly necessary, and as small as possible.
6.1 Safety

What does it mean?

Safety in relation to hydration and nutrition means, as a minimum, ensuring patients have enough food and water during their time in hospital or residential care to keep them safe and well. If staff do not take adequate steps to ensure that patients have enough to eat or drink, this could raise a number of human rights issues. In extreme cases, if lack of food or water leads to fatal consequences, it could engage the right to life.

A hospital patient desperate for a drink of water had to telephone the switchboard of the hospital he was being treated in to beg to see a doctor. He said that nurses were refusing to give him any water because he had knocked over the first cup of water he had been given. But when the doctor arrived he was turned away by the ward nurse, who said he was over reacting and threatened to confiscate his phone. The man died eight hours later. His condition had not initially been life-threatening, and an investigation concluded that if it had not been for the failings of the ward nurse he would have survived. This kind of situation could breach the right to life.

Source: Bexley Times

“During my time on ward I was not given any medication for two days because I was sleeping and I was so offered no meals during this time. It has made me nervous about being a patient”.

Source: BCUHB Picker Survey 2011

“This lady who is 100 yrs old has difficulty moving and yet on a previous visit to the hospital her food and drinks (especially water) was placed at the end of the bed, she couldn’t reach and nobody came to help her and as a result was dehydrated, she was glad to get back to her care home”.

Source: BCUHB Picker Survey 2011

“Please help with food and drink if the patients cannot do it themselves.”

Source: BCUHB Dignity Survey 2011
The case study raises a number of human rights issues, including:

**The right to life (Article 2)**

Patients should always be given enough to eat and drink to keep them alive and well and should certainly never be punished by withdrawing these. If hospital staff fail to provide enough food/water, for whatever reason, they may be breaching the right to life. This right is absolute so there is never any justification for failing to respect it.

Staff are also obliged to step in to protect someone’s life, even where it is not through their own fault. For example, if a patient is brought into the hospital suffering from malnourishment they must address this as far as they are able. This is known as a positive obligation. It means that staff must take reasonable steps to protect someone’s life where it is at risk.

If a patient with capacity is refusing drink and food, the duty to protect life does not extend to forcing the patient to eat or drink. Patient choice should be respected, otherwise this will itself raise issues under Article 8, respecting patient’s autonomy, or even Article 3, if force feeding were to lead to inhuman or degrading treatment.

**The right to be free from inhuman or degrading treatment (Article 3)**

If patients' lives are put at risk through lack of food/drink, even if this does not lead to death, it is likely to be extremely painful and humiliating and may be a breach of Article 3. There is a positive obligation under Article 3 to take reasonable steps to prevent individuals from inhuman or degrading treatment or punishment. In the case study, the ‘punishment’ and the patient's suffering through lack of water may both have engaged Article 3.

**The right to respect for private life (Article 8)**

If a patient's suffering is not severe enough to reach the high threshold of Article 3, the lack of food/water may engage Article 8. The right to respect for private life includes a right to physical and psychological integrity, which may be violated by a lack of food/water.

In the case study, the actions of the ward nurse are most directly responsible for the patient's death and suffering beforehand. But the doctor may also have had an obligation to insist on seeing the patient given the severity of the claim. Other staff members, if they witnessed the patient's suffering should have stepped in to assist him - even if this meant overriding the orders of the ward nurse. The right to life and the right to be free from inhuman and degrading treatment are more important than internal regulations or orders and staff members would be acting unlawfully if they did not act to save life when they knew it was at risk.
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The All Wales Nutritional Care Pathway is in place on the ward, with weight and nutritional screening undertaken for patients within 24 hours of admissions and the care plan followed as per the risk status.

- Identify vulnerable patients at risk of malnutrition and dehydration
- Intentional rounding for hydration and nutrition needs takes place by the team leader during every shift
- The team leader will identify patients at risk of malnutrition and/or dehydration and communicate this to the nurse in charge, team and housekeeper at the safety briefing at the beginning of every shift.
- Visual prompts will be instigated by the housekeeper/nurse in charge to signify patients who need assistance/prompting i.e. red lids on jugs and symbol identification on individual bed boards
- The identification of ‘at risk’ patients will be highlighted on the ‘at a glance’ board outlining relevant referrals to appropriate healthcare professions e.g. Speech and Language Therapy, Dietetics, Occupational Therapist, Nutrition Support team
- Registered Nurse delegates agreed nutrition and hydration care needs for patients identified at risk as part of nursing orders to Healthcare Support Workers.
- During intentional rounding the assessment of fluid balance charts and food charts will be carried out by the by nurse in charge at least once a day
- During intentional rounding staff will ensure that oral fluids are offered a minimum of 2 hourly (Supported Intake Programmes SIPS)
- All ward based staff will undertake the nutritional e-learning and equality and human rights training
- The nurse in charge will be accountable for ensuring that patients have enough food and water during their stay to meet nutritional and hydration requirements.
Mrs S, aged 102, felt disrespected and neglected while she was in hospital. Despite being blind, her meals and drinks were left on a trolley - in most cases without even letting her know they were there. For the most part, staff also did not offer any assistance with eating or drinking. As a result, many of the meals were removed untouched. Mrs S also suffered a great indignity when she asked for a commode, but was told by a nurse that she could use her incontinence pad. This kind of treatment is unacceptable and could amount to inhuman or degrading treatment.

Source: Age Concern: On the Right Track?

"Somebody needs to look after elderly and infirm patients, i.e., on my ward some elderly patients could not open the packets of food or reach drinks left for them".

Source: BCUHB Picker Survey 2011

"Nurses kept food for me so I could eat when I could; terrible Nausea problems."

Source: BCUHB Dignity Survey 2011
The case study raises a number of human rights issues, including:

**The right to be free from inhuman or degrading treatment (Article 3)**

This right can be very relevant for older or vulnerable people. Inhuman treatment means treatment causing severe mental or physical suffering; degrading treatment means treatment that is grossly humiliating and undignified. Not being able to access food or water, even if staff believe they have delivered it to the patient, could result in dehydration and malnutrition and may engage Article 3.

**Right to respect for private life (Article 8)**

As with the case study above, if the patient's suffering is not severe enough to reach the high threshold of Article 3, the lack of food/water may engage Article 8.

**The right to be free from discrimination (Article 14).**

This article prohibits discrimination where any other rights in the HRA are engaged. It recognises that to avoid discrimination or secure equal rights, it may sometimes be necessary to treat an individual or group differently because their situation is different from others. In the case study above, the hospital staff should have recognised that because Mrs S was blind, she needed extra assistance with eating and drinking.

### Interventions

**At Betsi Cadwaladr University Health Board**

The immediate environment should be prepared in order for patients to be able to enjoy their food in a dignified manner.

All members of the ward team should be involved in this as a matter of routine.

- **Appropriate equipment will be available** including adapted cutlery, plates and cups, seating, tables; a designated dining area will be utilised where available

- **Assistance will be provided to patients** to attend dining areas or to sit in a chair or adopt a suitable eating/drinking position as appropriate

- **Clearing and cleaning of tables will be carried out** before and after mealtimes

- **Hand washing is encouraged and facilitated** before and after meals

- **Toileting is offered before meal times.** Patients are encouraged and enabled to utilise toilet facilities out of the ward bay environment where appropriate

- **Patients receive their meals in an uninterrupted setting** as possible

- **The nurse in charge will ensure flexibility** with visiting during protected mealtimes to enable relatives to assist patients
6.3 Audit compliance and measure improvement

What does it mean?

The ward sister/charge nurse will provide effective clinical leadership for the ward team, ensuring, in conjunction with the ward consultants effective systems of organising care and treatment and monitoring of outcomes. Performance will be measured via a variety of methods including auditing of documentation and care planning, spot checks, the All Wales Care Metrics, and Fundamentals of Care audits. With the results used to celebrate best practice and identify, monitor and rectify where improvement required.

Interventions

At Betsi Cadwaladr University Health Board

1. As part of the daily ward round undertaken by the nurse in charge, nutrition and hydration management plans will be evaluated to ensure assessments are up to date and management plans are implemented and documented.

2. Registered nurses should ensure food and fluid intake is documented, and that food charts are countersigned.

3. All Ward Sisters/Charge Nurses will undertake MUST audits monthly as a requirement of the Care metrics; and Fundamentals of Care audits twice a year.

4. Local Fundamentals of Care metrics will reflect the requirements of this document and inform compliance reports.

5. Spot checks will be undertaken by Ward Sisters/Charge Nurses and Matrons and any issues rectified.

6. Trends from on the spot concerns related to nutrition and hydration will be collated and action plans formulated by the Ward Sister in conjunction with the Matron.

7. Trends from all concerns/complaints will be collated and action plans formulated by the Ward Sister in conjunction with the Matron outlining clear responsibilities for action.

8. Compliance in relation to nutrition and hydration elements of this tool kit will be measured at a minimum on a monthly basis and displayed within the ward/units on run charts.

Any instances of nutritional or hydration care that falls below the expected standards will be investigated and appropriate action instigated.
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6.4 Meal Times

What does it mean?

This includes ensuring that protected mealtimes is a priority, with a focus on patients' nutrition and hydration needs and that nurses have the time to support those who need assistance. Carers or members of the family who might wish to help the patient eat and drink are able to do so and volunteers are involved where appropriate.

Case Study

I used to turn up specifically near to lunchtimes to ensure that my father would eat his food. Besides helping him, I would end up checking several other patients who had no visitors - which was most of them - to help them get something to eat. There were no NHS staff to assist the older people.

Plates were put in the serving area and left there often untouched.

Usually the patient could not pick up both a knife and a fork because they did not have the strength to use two utensils. More importantly they could not cut up the meat etc. into smaller sizes to get into their mouths.

Source: 'Still Hungry to Be Heard', Age UK 2010

Human Rights concerns

Key human rights raised by this case include Articles 3 and 8.

Although patients do not have automatic access to food 24-hours a day when in hospital, individual patient requirements must be taken into account and accommodated when possible.

To ensure patients do not become dehydrated, hospitals should ensure they have constant access to water.

Allowing patients to have visitors during meal times may assist hospital staff as visitors may be able to assist patients who need support to eat. In other cases, visitors may inhibit certain patients from eating. The policy should allow for flexibility to meet individual needs.


Article 3
Article 8
At Betsi Cadwaladr University Health Board

1. The nurse in charge will ensure that principles of protected mealtimes are practised and every effort is made to minimise planned interruptions.

2. Ensure protected mealt ime signage is displayed on the entrance to the ward.

3. On a daily basis a named member of the team will be responsible for the mealtime experience and adopting the role of the ‘maître D’.

4. All food and drink will be in easy reach for patients who are able to help.

5. Assistance will be given to all patients who are identified as unable to eat and drink themselves. Allied health professionals will provide support for patients to maintain nutrition and hydration where appropriate.

6. The team leader, in conjunction with the housekeeper and the team, will ensure that families and carers who wish to assist with feeding during protected meal times are encouraged, enabled and supported to do so. Family and carers will be approached by the team leader during visiting to identify whether they wish to be involved or not.

7. Medical staff and professions allied to medicine will be made aware of the principles of this toolkit and work with the nurse in charge to ensure that mealtimes are protected wherever practicable to do so.

8. The Nurse in Charge will ensure that staff breaks are aligned to support mealtimes for patients.

9. The ward roster will provide adequate staff numbers during meal times to support patients requiring assistance. The Matron will be informed where this is not the case and will be responsible for ensuring adequate staffing to meet patient needs.
Putting Human Rights at the Heart of Nutrition and Hydration

6.5 Choice

What does it mean?
Choice in relation to hydration and nutrition does not mean all patients being able to choose the kind of food they would like to eat in hospital, unless these choices are connected to deeply held beliefs - for example, vegetarianism or a diet which respects a patient's religious beliefs. These are issues relating to a patient's autonomy - in other words, the control they should have over their own lives and bodies. A hospital may restrict choice (and autonomy)

The food options for my diet (vegan) were awful. Dined on baked potato and overcooked baked beans. 
Source: BCUHB Picker Survey 2011

I was only in over night but there was no food for us. For breakfast only had a roll, that's all there was. For tea only few sandwiches which were left. Very poor.
Source: BCUHB Picker Survey 2011

Human Rights concerns

The 'choice' (autonomy) aspects of the examples above are most obvious in the case of the vegan patient - and this may also be an example of discrimination. Patients with particular dietary needs, resulting from strongly held beliefs, should not be made to eat anything which goes against their principles as this would be an infringement of their autonomy. They should be provided with the same degree of nutrition as other patients and there should also be an element of variety in their diet - just as there should be for other patients.

Human rights may also be engaged by the examples above if they lead to malnutrition - for example, for long-term patients. In extreme cases this may be a case of inhuman and degrading treatment (Article 3) or in lesser cases to a violation of a patient's physical integrity (Article 8). Autonomy is also important where a patient refuses to eat or refuses artificial nutrition and hydration. The patient's wishes should normally be respected if it is certain that the patient has capacity to make this particular decision. However, since this may be a right to life concern,
every attempt should be made to understand the reasons for a patient's refusal and to engage with the patient - or their family - to explain the significance of the decision.

Any assessment of capacity should be very carefully carried out. If there is thought to be a lack of capacity, the hospital must consult with those who have the authority to make decisions on the patient's behalf (for example, the family or an advocate).

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- The team leaders in conjunction with the housekeeper will encourage and support patients to make healthy menu choices according to their management plan and their preferences.

- There will be provision of menus to meet nutritional standards and individual needs. These will also be provided using appropriate methods of communication where impaired.

- There will be a system in place to identify absent patients from the ward to enable menu selection or meal replacement to ensure meals are not missed.

- Ward provisions will be available to ensure that patients have access to a range of different snacks and beverages during periods when the hospital kitchen will be closed. All ward team members will be aware of the local system for missed meals via local communication channels (e.g. communication book, nutrition folder, posters).

- Cultural and other needs, such as religious practices or dietary requirements, or any other needs which may be part of private life must be respected.

- Where family members wish to provide alternative food the nurse caring for the patient in conjunction with the housekeeper will ensure that relatives and carers are aware of appropriate foods that can be brought into hospital e.g. fruit, and other non-perishable items.
Patients should be aware of their rights and should feel able to voice any concerns or particular wishes. In relation to hydration and nutrition, empowerment may mean feeling confident enough to express particular dietary or accessibility needs, making complaints when these are not met, and ensuring that they are never without hydration. Patients should know what the hospital is obliged to provide and should feel they can be assertive in demanding anything relating to their human rights. This does not mean they can make endless demands on the hospital which are not related to human rights and expect them to be met!

In cases such as the example above, patients and their families who may be acting in their best interests, should feel able to insist on better communication, advice and information.

It is vital that everyone is empowered and able to access information about their human rights so they can challenge poor treatment and demand better services.

"Mr W was 79 years old suffered from dementia and depressions, was frail and recently widowed. He was admitted to hospital with dehydration and depression. The hospital treated Mr W with intravenous fluids and antibiotics, which were stopped when his chest infection cleared up. A week later, his daughter, herself a former nurse, told a doctor caring for Mr W of her concerns that his general condition had deteriorated during his admission and that he would be better off receiving intravenous fluids. The doctor said he could not do this as it would ‘prevent his leaving hospital’ and that ‘he can meet his needs orally’. Mr W’s daughter disagreed as he frequently refused to eat and drink more than very small amounts"
At Betsi Cadwaladr University Health Board

- The Nurse in Charge or team leader discusses and agrees management plan of high risk vulnerable patients with the patients and relatives, this will include ensuring relatives are aware of the flexibility around visiting at mealtimes to provide assistance.

- Information is provided on lockers setting out Betsi Cadwaladr University Health Board’s commitment to meeting nutrition and hydration needs and encouraging patients and families to highlight individual requirements.

- The housekeeper, or other ward staff, will undertake a daily ward round to gather feedback relating to the quality of the mealtime experience, this will be relayed to the team leader and the Nurse in Charge. On the spot concerns will be completed and acted upon immediately.

- Matrons will be available at mealtimes to oversee the mealtime experience.

- Human rights information will be displayed on the ward and made available to patients and their families.
Putting Human Rights at the Heart of Nutrition and Hydration


What is the Human Rights Act trying to achieve?

The Human Rights Act came into force in the UK in October 2000.

The Act has two main aims:


   In other words, to make it possible for people to directly raise or claim their human rights within complaints and legal systems here in the UK. It also means that human rights issues are now interpreted by British courts, in addition to the European Court of Human Rights, giving greater domestic ownership to the Convention.

2. To bring about a new culture of respect for human rights in the UK.

   The Human Rights Act is about much more than compliance with the law by public authorities. The Act was intended to place human rights at the heart of public service delivery, and through this to make rights a reality for all people in the UK.

   (DOH 2008)

The rights contained in the Human Rights Act are:

- The right to life
- The right not to be tortured or treated in an inhuman or degrading way
- The right to be free from slavery or forced labour
- The right to liberty and security
- The right to a fair trial
- The right to no punishment without law
- The right to respect for private and family life, home and correspondence
- The right to freedom of thought, conscience and religion
- The right to freedom of expression
- The right to freedom of assembly and association
- The right to marry and found a family
- The right not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention
- The right to peaceful enjoyment of possessions
- The right to education
- The right to free elections

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   (DOH 2008)
8. Service Improvement Tools

The following tools are provided as an example to enable the principles within this toolkit to be implemented:

a) Safety Briefing

b) Daily Patient Safety Cross

c) Visual Safety Prompts

d) Maître’D Checklist

Additional information for staff can be found on the Betsi Cadwaladr University Health Board intranet page under ‘Clinical Resources’ page and then the ‘Nutrition’ link.
Safety Briefing Information

Safety Briefings are a simple communication tool for frontline staff on a face to face daily basis in the clinical environment for everyday concerns/ issues regarding safety.

They are an opportunity for all staff to be involved in raising safety awareness in the clinical environment. Briefings help promote a culture of safety and can foster quality improvement.

The briefings are short and can last from 2 to 5 minutes and need to be concise.

The whole team are encouraged to contribute to the briefing, this can include non nursing staff e.g. Ward Clerks, Domestics, Housekeepers and the Medical Team.

Top Tips for briefings:

- Led by the person designated in charge of the clinical shift
- Held at the end of shift handovers or during the shift
- Held at the patient status "at a glance" (PSAG) board
- Items discussed at the briefing can be added to the computer generated patient handover sheet
- Examples of items raised during briefings are:
  - Environmental issues with e.g. Ward area closed due to infection
  - Manual handling equipment
- Patient(s) deemed at risk of falls
- Patient(s) deemed at risk of Pressure Ulcers
- Patient(s) requiring assistance with nutrition and hydration
- Patient(s) at risk of unsafe swallow

The briefing is an essential and effective means of ward communication to improve the patient and staff experience.
c) Visual Safety Prompts

At A Glance Symbols to identify Patients requiring assistance with their hydration and nutrition
## The Protected Mealtime

### Setting the Scene: Evening Meal

**Before each Meal**
15 minutes prior to meal round, the nursing team to carry out following:

<table>
<thead>
<tr>
<th>Clear patients’ bed tables</th>
<th>Y / N</th>
<th>TUES</th>
<th>WED</th>
<th>THURS</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
</table>

- Make sure corridors are free of obstruction / clutter
- Assist those patients that can to sit out in their chairs for their meal
- Position those in bed comfortable ready for their meal
- Offer patient hand washing before the meal
- Identify patients that require assistance with eating
- Were NOMINATED family members allowed to assist with their relative’s meal

- Did the Evening ORAL medication round commence before the arrival of Meal trolley on the ward.
- Ring the *ward bell* when the meal trolley arrives on the ward
- Dim Ward lighting (switch down to your *night time* settings the main ward corridor)

*Close Ward doors*, lower blinds display Protected Mealtime notice outside the door

### During each Meal

*Did ALL Ward staff assist with the meals by :*

- Hand out meals
- Feeding (*where needed*)
- Assist those that require help
- Monitor the mealtime experience for the patients
- Give encouragement and assistance for **nominated persons** to come in and help with their relative’s meal

---

*Continued over ——>*

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**Please Complete this form DAILY**
The Protected Mealtime

*a checklist*

**Setting the Scene** .... continued

<table>
<thead>
<tr>
<th><strong>During each Meal</strong></th>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THURS</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CONTINUED ....</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The completion of bedside charts related to nutrition and hydration (eg <em>food chart</em>)</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td>If any Multi-Disciplinary Team member come to ward make sure its for documentation work <strong>ONLY</strong> and away from the patient</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td>Were any Ward staff called away from the patients during the meal</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>After each Meal</strong></th>
<th></th>
<th></th>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you have to <strong>POLITELY</strong> discourage any medical intervention / reviews during the meal time (<em>except for an emergency</em>)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>At the End of the Meal period, were the meal utensils and crockery quietly removed and returned to the meal trolley ready for collection.</td>
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<td></td>
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<tr>
<td>After the Meal period is complete, were the <strong>ward lighting restored to normal operating levels</strong>, door opened, blinds</td>
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<td></td>
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</tr>
<tr>
<td>Was the administration of IV medication — left until <strong>AFTER</strong> the meal time</td>
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</tr>
<tr>
<td>Did any ward visiting occur during this protected meal time period (<em>excluding nominated individuals that came in to help</em>)</td>
<td></td>
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</table>

**INITIAL**
9. Glossary

**Human Rights Based Approach (HRBA)**

A human rights based approach is one where the realisation of human rights principles is a central aim in policy and planning, where staff and patients are empowered and involved in achieving these, where accountability is clear and the needs of the most vulnerable groups are taken into account. It is the process by which human rights principles are put into practice.

**European Convention on Human Rights**

The European Convention on Human Rights is a regional human rights treaty passed after World War II by the Council of Europe. The Convention established a European Court of Human Rights, based in Strasbourg, France. The UK signed up to the Convention in 1951.

**Human Rights Act**

The Human Rights Act came into force in the UK in October 2000. It brought most of the rights contained in the European Convention on Human Rights into UK law. The Act places a duty on all public authorities in the UK to act in accordance with the rights protected by the Convention.

**Public authority**

The term ‘public authority’ is not fully defined in the Human Rights Act, but it should be interpreted broadly. It includes any person or organisation ‘whose functions are of a public nature’. Strategic Health Authorities, NHS Trusts, Primary Care Trusts and NHS Foundation Trusts are all included. The term covers private organisations such as companies or charities, when they are carrying out a public function.

**Absolute rights**

These rights may never be interfered with, not even in times of war or national emergency. There is no possible justification for interference and no balancing with any public interest. The threshold for finding a breach of absolute rights is high. An example is Article 3 (the prohibition of torture, inhuman and degrading treatment).

**Limited rights**

These rights are not absolute. They may be limited in certain strictly defined circumstances. An example is Article 5 (the right to liberty and security). Someone’s liberty may be limited, for example when they are lawfully detained because they have committed a crime or if they are suffering from serious mental health problems. However, there are very strict procedures which must be followed if someone’s liberty is to be restricted.

**Qualified rights**

These rights are not absolute. They may be interfered with to protect the rights of others or in the wider interests of the community. The interference must be in accordance with the law, it must be strictly necessary, and it must be proportionate (see ‘proportionality’ below). An example is Article 8 (the right to respect for private and family life, home and correspondence).
Proportionality

A proportionate response to a problem is one that is appropriate and not excessive in the circumstances. The expression commonly used to capture this meaning is ‘you should not use a sledgehammer to crack a nut’. You should remember that the ‘nut’ should only be cracked if it is strictly necessary! If there is a way of achieving a balance of rights and needs without restricting the right at all, this path should be followed.

Positive obligations

These obligations require public authorities to take proactive steps to protect human rights. Positive obligations are often contrasted with negative obligations, which require authorities to refrain from action that may violate human rights. An example includes the positive obligation under Article 3 to protect individuals from inhuman or degrading treatment where authorities know, or should know, that there is a risk of this taking place.

(Human Rights in Healthcare
A framework for local action
DoH 2008)
10. Standards and Guidance

1. All Wales Nutrition and Catering Standards for Food and Fluids in Hospital (2011)

2. Hospital catering and Patient Nutrition (Wales Audit Office, 2011)


4. Meeting Quality Standards in Nutritional Care (British Association for Parenteral and Enteral Nutrition, 2010)

5. Free to Lead Free to Care (Welsh Assembly Government, 2008)


7. Resolution on food and nutritional care in hospital (Council of Europe, 2003)

8. Improving Health in Wales, a Plan for the NHS and Its Partners (2001)
Thank you to the:

BCUHB Human Rights in Healthcare Project Group

Ward 1 and Ward 2, Ysbyty Glan Clwyd

Conwy Ward and Dulas Ward, Ysbyty Gwynedd

Evington Ward and Morris Ward, Ysbyty Maelor Wrexham

Mersey Care NHS Trust

The British Institute of Human Rights;

and all staff, stakeholders and service users that contributed to this project.

Supported by Awyr Las, Registered Charity No. 1138976